

Demolition Permit Requirements

City of Carmel / Clay Township

Building & Code Services
One Civic Square, Carmel, IN 46032
Ph: (317) 571-2444 Fax: (317) 571-2499

Review and Issuance of a permit requires that the following must be submitted:

- 1. Completed Application (Application is a three-part form available in the Building & Code office) *Note: A separate* permit application must be completed per parcel
- 2. Provide a Utility Disconnect Receipt or Letter from each provider on Location
- 3. **Two Copies** of a Site Location/Site Plan (on paper no larger than 11" X 17") with the following information and nothing less:
 - Tax Map Parcel Number for the parcel on which the demolition is to occur
 - Location of all structures on the lot, with the structures dimensions
 - Property boundaries and dimensions including distances to the structure(s) to be demolished
 - All neighboring structures within 100 feet of the proposed demolition
 - Streets, alleys, other manmade or natural features, north arrow, sidewalks, aprons, etc.
 - Location of proposed dumpster, if used
 - Location of all Utilities

Complete the Following:

- 4. Provide **Certified Plumbing Contractor** information (Contractor who will cap the sewer line at the property line)
- 5. Right of Way Permit required from the City of Carmel Engineering Office (317) 571-2441
- 6. If the project will disturb ¼ acre or more, then a **Storm Water Permit** must be obtained from the City of Carmel Engineering Department. Please call the Storm Water Administrator at 317-571-2441 for more information. (1/4 acre=1,890 square feet or approximately 100'X110')
- 7. Historic Preservation Committee approval required. Building & Code Services will notify committee members.
- 8. This form completed and signed by the appropriate departments.

The following must be complied with once permit is issued:

- A demolition permit will be issued when a structure is to be removed completely, including the foundation, and the property *must be graded and seeded after removal* unless new construction will take place within ninety **(90) days** on the location.
- Work shall start immediately and must be completed thirty (30) days from issuance
- The progress of the work shall be executed so as not to create a danger to the public
- All rubble and debris from demolition to be removed from parcel before site inspection can be performed
- Must meet all requirements of the codes and Ordinances (existing well, septic, fuel tanks)
- The applicant or owner is responsible for obtaining a certified plumbing contractor to cap the sewer at
 the property line. NO PERMIT REQUIRED FOR SEPTIC TANK CRUSH AND FILL if applicable. Removal
 and/or crush and fill of tank to be included on demolition permit, septic tank to be pumped and either
 filled or crushed as park of demolition contractors responsibility

| Address of demolition | Tax Map Parcel # |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Owner(s) Name and Address | |
| Additional Structure(s) on site: Yes / No provided. If one of the structures has a separated that information.) | (If yes, please list the number and type(s) of structure on the lines ite street address than the primary structure on the parcel—please also |

The City of Carmel and/or Hamilton County Health Dept. must perform an inspection prior to demolition. In order to approve the demolition permit, the **applicant is required to sign this form and obtain the signatures of the individuals**<u>listed below.</u> (This can be done by FAX to their offices, at the numbers listed below) Include this completed form <u>with all appropriate signatures</u> (ON THE REVERSE OF THIS PAGE) when you submit your application package.

| Phone (317) 733-2855. FAX (317) 733-2053. | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 2. Jason LeMaster: Hamilton County Health Dept | | | |
| Phone (317) 776-8500. FAX (317) 776-8506. | | | |
| ignature: Brett Ransford (or representative) | Date | | |
| ignature: Jason LeMaster (or representative) | Date | | |
| CERTIFIC Under the penalties of perjury (Indiana Code 35-44-2-1), I has application for demolition permit is true and accurate, or intentionally provided or omitted any information that community Services regarding the truth of the matters add | to the best of my knowould tend to hide, o | eath, that all of the inform wledge and belief, and th | nat I have not knowing |
| urther, I assert that I am the property owner, or the authouthority and permission from the owner(s) (and anyone v | | - | |
| equested action, and that I agree to indemnify and hold h | armless the City of Ca | rmel from any claim, laws | suit, demand, or |
| equested action, and that I agree to indemnify and hold hamages whatsoever arising out of, or as a result of, this response to the second seco | armless the City of Ca | rmel from any claim, laws | suit, demand, or |
| equested action, and that I agree to indemnify and hold hamages whatsoever arising out of, or as a result of, this response to the second seco | armless the City of Ca | rmel from any claim, laws of the City of Carmel, rega | suit, demand, or irding same. —— |
| equested action, and that I agree to indemnify and hold hamages whatsoever arising out of, or as a result of, this respectively. Applicant's Signature Name printed) | armless the City of Ca | rmel from any claim, laws of the City of Carmel, rega Date | suit, demand, or irding same. —— |
| equested action, and that I agree to indemnify and hold he amages whatsoever arising out of, or as a result of, this respectively. Applicant's Signature Applicant's Address TATE OF INDIANA | armless the City of Ca equest or the actions o | of the City of Carmel, regarded to the Carmel, | suit, demand, or |
| equested action, and that I agree to indemnify and hold hamages whatsoever arising out of, or as a result of, this respectively. Applicant's Signature Applicant's Address TATE OF INDIANA SS | armless the City of Ca equest or the actions o | of the City of Carmel, regarded to the Carmel, | suit, demand, or |
| equested action, and that I agree to indemnify and hold hamages whatsoever arising out of, or as a result of, this respectively. Applicant's Signature Name printed) Applicant's Address TATE OF INDIANA SS Sounty of | city, | Date Applicants Phone a | suit, demand, or |
| equested action, and that I agree to indemnify and hold he amages whatsoever arising out of, or as a result of, this respectively. Applicant's Signature Applicant's Address TATE OF INDIANA | city, | Date Applicants Phone a | suit, demand, or |

(Print)